STATEMENT OF

RECEIVET— 2012 OCT 25 AM II: 52

FORM 1		ORGANIZ	ATIO	ON		FEC MAIL CENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	5
SOUTH DA	KOTA	DEMOCRATI	ÇĻĘ	ADERSHIP I	FPFR	AL COMMITTEE
		D O DOY 46		111111		
ADDRESS (number ar	nd street)	P. O. BOX 16)194			
(Check if ad is changed)	ldress	PLANTATION	<u> </u>		FL	33318
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide only one			ttooo@	Namail aam
(Check if is change		Democraticu	eaue	ershipCommi	illees <u>i</u>	gmaii.com
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COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if a is changed			111			
2. DATE 10	" 17	° ′ 2012				
3. FEC IDENTIFIC	CATION NU	MBER C				
4. IS THIS STATEM	MENT 🔀	NEW (N) OR		AMENDED (A)		
I certify that I have e	examined the	is Statement and to the be	st of my	knowledge and belief it	is true, corre	ect and complete.
Type or Print Name of	of Treasurer	ALEXANDE	R CI	INTON		
Signature of Treasure	er	Heranden (Je.	ters	Date 1	0°′17°′2012′
NOTE: Submission of false, erroneous, or incontiplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use				For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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5.	· · · · ·	COMMITTEE Ite Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)					
	Name of Candidate						
	Candidate Party Affi		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party C	ommittee:	(Dama amatic				
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Politica	Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
		Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperativa				
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or party				
		committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leedership PAC. (Identify sponsor on line 6.)					
	Joint Fu	ndraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	С	ommittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.						
	3.	FEC ID number C					
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Write or Type Committee Name	Э	
SOUTH DAKOTA	A DEMOCRATIC LEADERSHIP FEDERAL CO	MMITTEE
6. Name of Any Connected to	Organization, Affiliated Committee, Joint Fundralsing Représentative, or Léadershij	p PAC Sponsor
NONE		11111
· · · · · · · · · · · · · · · · · · ·		<u> </u>
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
7. Custodian of Records: Idea books and records.	ntify by name, address (phone number - optional) and position of the person in posse	ession of committee
Full Name ALEX	ANDER CLINTON	
	P. O. BOX 16194	
Mailing Address		
	¡PLANTATION	
	PLANIATION FL 33318	
Title or Position	CITY STATE Z	IP CODE
CHIEF FINANCI	AL OFFICER Telephone number 954 - 279	7552
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Of Treasurer	ANDER CLINTON	
Mailing Address	P. O. BOX 16194	
J		
	PLANTATION FL 133318	. _
		IP CODE
Title or Position	Telephone number 954 - 279	9, - 7552 ,

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Full Name of							
Designated Agent			1-	1 1 1 1 1			
Mailing Address				1-1-1-1			
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			CITY		STATE		ZIP CODE
Title or Position			1	Telephone nun	aber I	. 1-1	I-I
							
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safety deposit b Name of Bank,	oxes or main Depository, e	tains funds. OF AMERIC [8]181,WEST	A BROWARD BL		FL STATE		
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Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fill	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/S)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	gnature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Offic	Date of Receipt e
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked

/8/25/12 DATE PREPARED

PREPARER (3/2005)